PART B - FEE(S) TRANSMITTAL

DEC. 1 3 2004 LL	his form, together wit		or Fax	(703) 746-4000	or Patents ginia 22313-1450	\$	
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance are not included.	rm should be used for tran respondence including the l below or directed otherwise is.	smitting the ISSU Patent, advance on in Block 1, by (a)	E FEE and PUBI ders and notification) specifying a new	ICATION FEE (if requestion of maintenance fees correspondence address	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
28523 75					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
EASTERN POINT GROTON, CT 063	40			I hereby certify that the States Postal Service addressed to the Matransmitted to the US	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address PTO (703) 746-4000, on the	smission g deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
3/2005 LWONDIN2 00000		8		150	tricia Citch	(Depositor's name)	
C:1501 1400.00 C:1504 300.00					2c. 7 2004	(Date)	
APPLICATION NO.	IO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
.10/613,988	3,988 07/02/2003		Robert J. Chambers		PC11897B	4364	
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nprovisional NO) 	\$300	\$1630	12/17/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
DESAI,	, RITA J	1625		546-339000			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. XFee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to				
	RESIDENCE DATA TO B an assignee is identified be 1 37 CFR 3.11. Completion		\1	•• /	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Pfizer Inc			New	York, New	York	-3 L	
	e assignee category or catego	ries (will not be pr	inted on the patent	: 🗖 Individual 🛂 🕽	Sorporation or other private gi	roup entity Government	
la. The following fee(s) are **X*Sue Fee	enclosed:	4 b	. Payment of Fee(s): amount of the fee(s) is e	nclosed	0, 5, 0	
	small entity discount permitte	ed)	Payment by cr	edit card. Form PTO-203	8 is attached.		
Advance Order - # of	f Copies		The Director Deposit Account	is hereby authorized by Number 16-14	charge the required fee(s), or 5 (enclose an extra	r credit any overpayment, to copy of this form).	
_ '	(from status indicated above MALL ENTITY status. See	,			ALL ENTITY status. See 37 C		
					ly paid issue fee to the applic gistered attorney or agent; or		
Authorized Signature	Kobert 7K	man		Date	Scender 7, 7	2804	
Typed or printed name_	Robert T. R	onau		Registratio	1 No. 36,257	 	
this form and/or suggestion: Box 1450, Alexandria, Virg Alexandria, Virginia 22313	s for reducing this burden, sl finia 22313-1450. DO NOT -1450.	SEND FEES OR (COMPLETED FOI	NOTICET, U.S. Patent and RMS TO THIS ADDRES	the public which is to file (ar minutes to complete, includi omments on the amount of t 1 Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	partment of Commerce, P.O. for Patents, P.O. Box 1450,	